

460 Ste-Catherine W. Suite 315, Montreal, QC H3B 1A7 TEL: 514-878-6308 / FAX: 514-878-8169

www.internshipcanada.com

Internship Program Application Form

PERSONAL INFORMATION				
Family name:	First name:		_	
Address:				
City:	Province/State:	Country:		Postal code:
Phone: ()	Fax: ()	E-mail:	
Date of birth (dd/mm/yyyy):	/ /	E-mail in Canada:		
Highest Level of education ob	tained <u>:</u>			Year:
Name of present employer:				Since:
EMERGENCY CONTACT				
Family name:		First name:		
Phone: ()				
/ / / / / / / / / / / / / / / / / / /	Fax. ()	E-IIIaII	
Language Skills				
Mother tongue:				
Other Language Knowledge (include years studied and / o	or international test level equiv	alencies):	
Occupational Training / Inte	ernship			
What kind of company would	you prefer? :			
In what professional area wou specialization)	uld you like to gain experienc	e? (List at least two choices w	vith description of exp	ected duties or area of
1.				
2.				
Why are your career objective	es?			
In what way will you be a ben	efit to the company?			
Brotomod donor:	to the consultan	Form	4-	
Preferred duration of internsh	ıp ın weeks:	From:	το	



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Educational / Experience
List of completed University or professional courses :
List of certificates, license and qualifications:
Special Skills / Interests:
Computer Skills:
Overseas Experiences:
Previous Internship / Professional Experience:
Other Information :
Accommodation
Type of accommodation requested:
Start Date (dd/mm/yyyy): / / Weeks:
Other information (allergies, preference of children, pets, hobbies, interests, etc.):
Arrival Information
Arrival date (dd/mm/yyyy):/Airline:Flight Number:
Arrival Time:
Other enclosures: ☐ Resume ☐ Covering Letter ☐ Certifications ☐ Signed Internship Agreement ☐ Copy of Passport ID Page
Signature:
Print Name:
Date (dd/mm/yyyy):/